Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11-4-2010</u>	Address:	Garage at 1101 Ohio St.
Case #:	<u>241/32055</u>		Walkerton, IN
County:	St. Joseph		<u>46574</u>
Type of Laboratory Scizure (check one) Scizure Location (check all that apply)			
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: Detached Garage
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): <u>found in garage</u>			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrina Retail/Mo	e Information e/Pseudoephedrine Tracking Log erchant Tip w Enforcement
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Walkerton Fire Department	Fax: Fax: 574-235-9960	
Health Department: St. Joseph		Fax: <u>574-2</u> Fax:	
Child Prote	ction Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>B.McBrier</u> Phone <u>574-546-4900</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

^{***} This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.